

City Council  
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# City of Long Beach



Department of Parks & Recreation

City Manager  
Donna Gayden

Interim Commissioner of  
Parks & Recreation  
Joseph Brand

## MOVEMENT THROUGH THE WATER FALL 2020

REGISTRATION: \$75.00 Resident  
\$80.00 School District Resident  
\$85.00 Non-Resident

ALL CLASS PARTICIPANTS MUST HAVE A CURRENT MEMBERSHIP

### Schedule of Classes:

	October	November	December
Monday 12:30 – 1:15 pm	19 - 26	2 – 9 – 16 – 23 – 30	7 – 14 – 21 – 28
Tuesday 12:30 – 1:15 pm	20 - 27	3 – 10 – 17 – 24	1 – 8 – 15 – 22 – 29
Wednesday 12:30 – 1:15 pm	21 - 28	4 – 11 – 18 - 25	2 – 9 – 16 – 23 – 30
Thursday 12:30 – 1:15 pm	22 - 29	5 – 12 – 19	3 – 10 – 17

Please note: You must enter the building through the side door from North Side of building. Please come in your bathing suit ready to swim. No showers/steam are available.

### Fall Movement Through Water 2020

**\*\*Put Telephone # on check**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

I fully understand that I must abide by all the Rules and Regulations set forth by the Parks and Recreation Department as a participant of the Aquatic Movement through the Water Program. The Codes of Conduct can be found on the web at [www.longbeachny.gov/rec](http://www.longbeachny.gov/rec). I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which I may appear while participating in Parks and Recreation programs and grant permission for publication or use of those images.

Signature \_\_\_\_\_

**NO REFUNDS – NO EXCEPTIONS!!**

**For Rec Use Only:** Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Posted \_\_\_\_\_

**CITY OF LONG BEACH**  
**Parks and Recreation Department**  
**Waiver and Release of Liability**

**READ BEFORE SIGNING**

In consideration of being allowed to participate in the City of Long Beach Movement Through the Water class, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:
  - An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;
5. In consideration of having the opportunity to participate in the City of Long Beach Movement Through the Water class, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify The City of Long Beach Department of Parks & Recreation, and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_